

☒ NO

**F**

Collaborator if any \_\_\_\_\_ Artist MORTON GROSSMAN  
FIRST NAME LAST NAME  
Address 2255 BELLFIELD CLEVELAND (6) CUYAHOGA Tel. 932-2229  
NO. STREET CITY ZONE COUNTY

☐ YES      ☐ NO

try Blank..

DO NOT WRITE IN  
THESE COLUMNS

Use second blank if required

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

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*Morton Grossman*

SIGNATURE

SIGNATURE

REC'D MAR 11 1963